Health, & Welfare Public Service

. 300
1-57

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

46815
STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 500 Registrar's No. 3247

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Affton — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8108 Mathilda — Length of stay in 1b 4 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Affton 4000 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 8108 Mathilda — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First August Middle E Last Heine

4. DATE OF DEATH Month 12 Day 21 Year 57

5. SEX male

6. COLOR OR RACE white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH April 4, 1877

9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Meats

10b. KIND OF BUSINESS OR INDUSTRY wholesale meat

11. BIRTHPLACE (City and state or country) Chester, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Heine

13b. MOTHER'S MAIDEN NAME Octaria Montray

14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT Hazel Stein — Address 8108 Mathilda

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteria Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH of 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteria-Sclerosis — ?
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 11, 1957 to Dec 21, 1957 and last saw her him alive on Dec 19, 1957
Death occurred at 3:00a m on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H Aschmeeman MD — 22b. ADDRESS 6811 Gravois Av — 22c. DATE SIGNED 12/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial — 23b. DATE 12/23/57 — 23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery — 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS J L Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG. 12-23 57

26. REGISTRAR'S SIGNATURE Herbert R Donche MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.